



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400003

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FRANKLIN COUNTRY CLUB

DOING BUSINESS AS

ADDRESS EAST CENTRAL ST

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: SARRAZIN,
STEPHEN A.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ROUTE 140 EAST CENTRAL STREET AT THE WRENTAM/ FRANKLIN TOWN LINE, LICENSE
TO BE IN WRENTHAM. WOODEN STRUCTURE, CEMENT SLAB FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400006

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WRENTHAM PUB CORP.

DOING BUSINESS AS MR. DOOLEY'S OLD IRISH PUB

ADDRESS 303 SHEARS ST.

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: SOMERS, JOHN J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE AND ONE HALF STORY W/ MORE OR LESS ON THE GROUND FLOOR; WITH BAR, LOUNGE, KITCHEN AND GAME ROOM.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400007

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GEO. W. MACINNIS POST #225 AM. LEGION

DOING BUSINESS A

ADDRESS 592 SOUTH ST.

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: DESCHAMPS,
ROBERT

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUB ROOM, BAR, STORE ROOM, GAME ROOM, & KITCHEN. ONE FLOOR W/ HALL, SMALL SERVICE BAR, AND OFFICE.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400011

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RED ROOSTER PUB LLC

DOING BUSINESS AS

ADDRESS 510 WASHINGTON ST.

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: LIGHTIZER, JOHN TYPE OF LICENSE: Restaurant
J.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR TWO ROOMS.

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400014

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MACNAN OF WRENTHAM, INC.

DOING BUSINESS A WAMPUM CORNER WINES & LIQUORS

ADDRESS 660 SOUTH STREET

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: MCINTYRE,
PAMELA M.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. 90X70; 4 DOORWAY ENTRANCES; 2 OVER- HEAD DOOR ENTRANCES;
SEPARATE STORAGE AREA IN CENTER OF BLDG.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400015

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WRENTHAM PLAZA LIQUORS,INC.

DOING BUSINESS A MIKE'S LIQUORS

ADDRESS 80 RANDALL ROAD

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: LORUSSO,
MICHAEL E

TYPE OF LICENSE:Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR STORE WITH STORAGE ROOM AT THE REAR.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 151400017

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MICHAEL SCOURAS

DOING BUSINESS A NICKY'S

ADDRESS 460 FRANKLIN STREET

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: SCOURAS,
MICHAEL

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FULL SERVICE RESTAURANT W/KITCHEN.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400020

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 800 WASHINGTON STREET, INC.

DOING BUSINESS A LUCIANO'S

ADDRESS 800 WASHINGTON STREET

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: CANOVA,
LUCIANO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOBBY, LOUNGE SIX DINING/FUNCTION ROOMS, FOUR KITCHEN ROOMS, RECEIVING ROOM, DISHWASHING ROOM, FIRST FLOOR STORAGE ROOM, BASMENT/ WINE CELLAR AND STROAGE ROOM.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400027

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAKE PEARL RESTAURANT MANAGEMENT, LLC

DOING BUSINESS AS LAKE PEARL LUCIANOS

ADDRESS 299 CREEK STREET

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: WHITE, PATRICIA TYPE OF LICENSE: Restaurant
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

4 ENTRANCES/EXITS WHICH LEAD TO PARKING LOT, 1 LARGE COCKTAIL LOUNGE, 1
LARGE BALLROOM WITH 2 BARS, 1 FUNCTION RM WITH 1 BAR, 1 FUNCTION
ROOM/RESTAURANT WITH COCKTAIL LOUNGE, 1 CONCESSION STAND IN BEACH AREA,
1 TENT IN PARK AREA, 1 TENT BY REAR GAZEBO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400030

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RUBY TUESDAY, INC

DOING BUSINESS AS RUBY TUESDAY

ADDRESS 1 PREMIUM OUTLETS BLVD

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: DRYJOWICZL, JAI TYPE OF LICENSE: Restaurant
ME

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

6000 SQ FT ONE STORY BLDG CONSISTING OF DINING AREA, BAR, WAITING AREA WITH SEATING FOR 272. ENTRANCE AND EXIT IN FRONT OF BLDG AND REAR ENTRANCE/EXIT FOR DELIVERIES

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400031

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MICBETH, CORP

DOING BUSINESS A MICHAELS DELI & CAFE

ADDRESS 305 SHEARS STREET

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: LEWICKI,
MICHAEL

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING BUILDING, 1600 SQ. FT. WITH FULL BASEMENT.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400032

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CAFE ASSISI, INC.

DOING BUSINESS AS CAFE ASSISI

ADDRESS 667 SOUTH ST

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: DI BASE, DERECK TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT ON END OF BLDG. SMALL PORTION IN FRONT WITH FRONT AND REAR
ENTRANCES. FIVE BOOTHS ACROSS FROM AN OPEN KITCHEN. RESTROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400033

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NASCIMENTO MENDES

DOING BUSINESS A VILLA DIANA RESTAURANT AND LOUNGE

ADDRESS 1230 SOUTH ST

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: MENDES,
NASCIMENTO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BUILDING CONSISTING OF THREE FUNCTION ROOMS, A KITCHEN, BATHROOMS AND A BASEMENT. THERE ARE FOUR EXITS/ENTRANCES WITH HANDICAPED ACCES.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400034

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UR OF WRENTHAM, MA INC.

DOING BUSINESS A UNO CHICAGO GRILL

ADDRESS 1048 SOUTH STREET

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: DULL,

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

CHRISTOPHER

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE SEATING AREA OF THE EXISTING RESTARANT WHICH INCLUDES THE PATIO AREA.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400036

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CTR RESTAURANT GROUP INC.

DOING BUSINESS AS THE TAVERN AT WRENTHAM

ADDRESS 263 SHEARS STREET

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: SMITH, DOUGLAS TYPE OF LICENSE: Restaurant
T.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT LOCATED AT 263 SHEARS STREET

I hereby certify and swear under penalties of perjury that:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400037

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ON THE FLY INC.

DOING BUSINESS AS ON THE FLY

ADDRESS 580 WASHINGTON STREET

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: LAMPARELLI,
JAMES V.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3571 S.F. OF RETAIL SPACE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400038

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHIVAPOOJA CORPORATION

DOING BUSINESS A SHELDONVILLE COUNTRY STORE

ADDRESS 1063 WEST ST

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: PATEL,SONAL P.

TYPE OF LICENSE:Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

STORE WITH DELLI.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400039

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAMES BREAKFAST AND MORE INC.

DOING BUSINESS AS

ADDRESS 850 FRANKLIN STREET

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: ARSENAULT,
JAMES

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING CONSISTING OF 2420 +/-

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400040

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE PROCTOR MANSION

DOING BUSINESS AS

ADDRESS 36 COMMON STREET

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: FITZGERALD,
BRIAN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES IS A VICTORIAN INN. IT WAS ORIGINALLY BUILT AS A MANSION FOR A WEALTHY INDUSTRIALIST. ON THE FIRST FLOOR IS ONLY WHERE ALCOHOLIC WILL BE SERVED. THREE LARGE ROOMS AS PRESENT INCLUDING THE BALLROOM. THERE ARE FIVE ENTRANCES/EXIT DOORS ON THE FIRST FLOOR. ONE IN FRONT, ONE ON THE RIGHT SIDE OF BUILDING, TWO ON THE LEFT SIDE AND ONE IN THE BACK.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 151400041

CITY OR TOWN WRENTHAM

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NANCY LOCKWOOD

DOING BUSINESS AS THE TERRACE CAFÉ

ADDRESS 36 SOUTH STREET

CITY/TOWN: WRENTHAM

STATE: MA

ZIP CODE: 02093

MANAGER: LOCKWOOD,
NANCY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THE CAFÉ HAS SEATING FOR 34 PEOPLE AND IS ONE FLOOR. THE BUILDING HAS AN ENTRANCE AND EXIT IN THE FRONT OF THE BUILDING AND AN EXIT ON THE RIGHT HAND SIDE OF THE BUILDING . THERE IS ALSO AN EXIT AT THE REAR OF THE BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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